

# NY SFA EI Program

## Claim Adjudication Matrix

### Medicaid Denials

Adjustment Group Code	Adjustment Reason Code	Remark Code	Description	Action	System Response	Report To
CO	16	N216		NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	16	N291	Rendering Provider = Billing Provider	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	16	N340	Child's DOB does not match what eMedNY has on file	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	22		eMedNY's records indicate Child has commercial insurance that was not billed	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	27		Child Ineligible on Date of Service	DENY	Move to Next Payer	Provider
CO	29		Time time limit has expired. Resubmit with delay reason code	DENY	REBILL WITH DELAY CODE	Provider
CO	9		Diagnosis is inconsistent with patients age	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	96	N30	Likely a Code 35 issue	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	B7		Provider Not Certified to be paid for this procedure / service on this date of service. (Contact OHIP)	NEEDS ATTENTION	Hold for Manual Correction	Provider
OA	18		Duplicate Claim	DENY	Move to Next Payer	Provider
CO	10		Primary / Principal diagnosis is inconsistent with Gender	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	16	M49	Rate Table Issue	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	16	MA130	Medicaid Profile Setup Issue	NEEDS ATTENTION	Hold for Manual Correction	Provider

CO	16	MA39	Child's Gender does not match what eMedNY has on file	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	22	N479	eMedNY's records indicate Child has commerical insurance that was not	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	24		Service not covered for child.	DENY	Move to Next Payer	Provider
CO	6	N129	Not eligible due to patients age	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	97	M2	Not paid separately when patient is an	DENY	Move to Next Payer	Provider
CO	A1	N198	Rendering Provider Not Equal to Billing Provider	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	A1	N79	Provider Needs to Have Zip Code + 4 for that county added to their rate	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	96	N52	Code 35	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	170	N95		NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	242	MA112		NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	97	M86	Duplicate Claim	DENY	Move to Next Payer	Provider
CO	200		Child Ineligible on Date of Service	DENY	Move to Next Payer	Provider
CO	9	N517	Diagnosis is inconsistent with patients age	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	10	N517	Primary / Principal diagnosis is inconsistent with Gender	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	16	N350		NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	96	M49		NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	242	M115	Code 35	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	171	N428		NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	16	N287	Ordering Provider	NEEDS ATTENTION	Hold for Manual Correction	Provider

OA	23		Prior Payer	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	22	MA04	COB-SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	47		Diagnosis code issue	NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	197	M62	Precertification/authorization/notificat	DENY	Move to Next Payer	Provider
CO	243			NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	45		Paid	DENY	Move to Next Payer	Provider